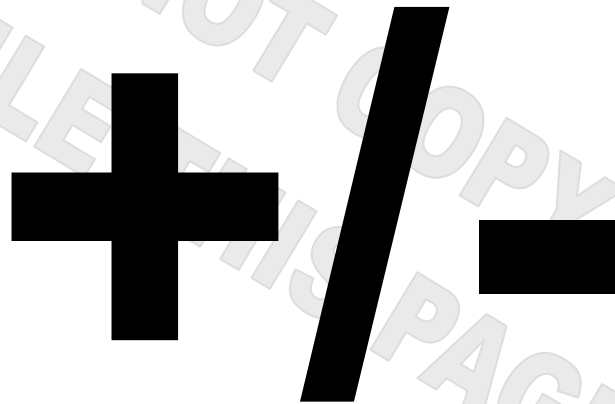


HOW TO CALCULATE CHILD SUPPORT



This packet contains a **Child Support Order** and
Parents Worksheet for Child Support

for those who do not want to use the
FREE online calculator at:

<http://ecourt.maricopa.gov>

(FORMS ONLY)



SELF-SERVICE CENTER

HOW TO CALCULATE CHILD SUPPORT AND COMPLETE COURT PAPERS ON CHILD SUPPORT

(FORMS ONLY)

This packet contains court forms related to calculating, establishing or modifying child support.

Order	File Number	Title	# pages
1	DRS1ft	Table of Contents (this page)	1
2	DRSDS10f	<i>“Sensitive Data Sheet” *</i>	1
3	DRS12f	<i>“Parents Worksheet for Child Support”</i>	2
4	DRS81f	<i>“Child Support Order”</i>	4

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Name: _____

Representing: ☐ Self ☐ Petitioner ☐ Respondent

(If Attorney) State Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

FOR CLERK'S USE ONLY

Petitioner

Case No. _____

Respondent

ATLAS No. _____

SENSITIVE DATA SHEET

(Not public record)

Fill out. File with Clerk of Court. Omit Social Security Numbers when requested on other forms.
Do NOT serve this document on the other party.

A.

Personal Information:

Petitioner

Respondent

Name

Gender

Date of Birth (Month/Day/Year)

Social Security Number

Driver's License Number

Mailing Address

City, State, Zip Code

Daytime Phone

Evening Phone

Other Phone (cell/pager)

Email Address

Current Employer Name

Employer Address

Employer City, State, Zip Code

Employer Telephone Number

Employer Fax Number

B. Child(ren) Information:

Child Name

Gender

Child Social Security Number

Child Date of Birth

Clerk of Court
Issued:

***For Court use only. NOT public record. Do NOT provide a copy of this document to the other party.**

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

For Clerk's Use Only

SUPERIOR COURT OF ARIZONA IN MARICOPA(2) COUNTY

PARENT'S WORKSHEET FOR CHILD SUPPORT

- (3) Petitioner _____ (4) Case No. _____
 (3) Respondent _____ (4) ATLAS _____
 (5) Total Number of Children: _____
 (6) Parent with Primary Custody: Father ☐ Mother ☐
 (7) Parent who is filing this form: Father ☐ Mother ☐
 (8) Gross Income figures for the OTHER PARENT are:
☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	FATHER	MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
Adjusted Gross Income	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
Basic Child Support Obligation	(16) \$ _____	
Plus Costs for:		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) _____	
Total Child Support Obligation	(23) \$ _____	

Case No. _____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ %	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____

Adjustment for Non Custodial Parent's Costs Associated with Parenting Time

Using Table A ☐ Table B ☐ (26)

No. of Days _____ = _____% Adjustment (from table)

x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

Medical/Dental/Vision Insurance*	\$ _____	(28)	\$ _____
Childcare*	\$ _____	(29)	\$ _____
Education Expenses*	\$ _____	(30)	\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____	(31)	\$ _____

*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (33) \$ _____

Self Support Reserve Test for Parent Who Will Pay

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ _____ (34) \$ _____

Child Support to be Paid by: Father ☐ Mother ☐ \$ (35) \$

Share of Travel Expenses Related to Parenting Time* _____ % (36) _____ %

*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance _____ % (37) _____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date

Signature of Parent

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

For Clerk's Use Only

Petitioner

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. Mother: _____ and

Father: _____

have a duty to support the following children:

Child(ren)'s Name(s)

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DO NOT WRITE BELOW THIS LINE. THE COURT PERSONNEL WILL COMPLETE THE FORM.

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3. ☐ **Mother** ☐ **Father** is obligated to pay support to: _____

In the amount of: \$ _____ per month

Case No. _____

4. Deviation (only in applicable cases)

☐ Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ _____

The child support amount after deviation is: \$ _____

☐ The Court finds the guidelines amount is inappropriate or unjust because:

☐ The attached written agreement is made part of this order by reference

☐ Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____

For the period of: _____ to _____

Interest

Interest in the amount of: \$ _____

For the period of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount of: \$ _____

For the period of: _____ to _____

IT IS ORDERED THAT:

1. ☐ Mother ☐ Father shall pay child support in the amount of: \$ _____
per month, to: _____

First payment is due on the 1st day of: _____

Case No. _____

2. ☐ **Mother** ☐ **Father** owes child support arrears in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

☐ **Mother** ☐ **Father** shall pay \$ _____ per month toward child support arrears until paid in full, OR

☐ Arrears not addressed.

3. ☐ **Mother** ☐ **Father** owes past care and support in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

☐ **Mother** ☐ **Father** shall pay \$ _____ per month toward the past care and support amount until paid in full, OR

☐ Past care and support not addressed.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse may be considered a *gift* unless you have a notarized affidavit signed by the other party agreeing that he or she received the payment and that it was for child support. All payments not made by Order of Assignment shall be made payable to and mailed directly to:

Support Payment Clearinghouse

P.O. Box 52107

Phoenix, AZ 85072-2107

Payments must include the payor's name, ATLAS number or Social Security Number.

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.
6. **The parties shall submit address changes within 10 days of the change.**

7. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN☐ **Mother** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.☐ **Father** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows: **Mother** _____ % **Father** _____ %.

Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.

9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows: **Mother** _____ % **Father** _____ %
10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

IMPORTANT INFORMATION:

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

Date_____
Judicial Officer